

GILA COUNTY WASTEWATER DEPARTMENT
ADMINISTRATIVE REVIEW CHECKLIST CONVENTIONAL SYSTEM

Date: ____/____/____ **Owner:** _____ **APN:** ____-____-____

PDI:

Zoning: _____

Yes **No** **NA**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PDI Signed	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F.P. completed	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G&D completed	_____	_____

OK/ Deficiency /NA

Review:

Date Corrected

NOI:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed B-25	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify APN & Owner	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify Contractors License with the ROC	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed/Dated (Must be signed by owner or Power of Atty)	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property Owner's Name, address, phone #, email	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System Design Indicated	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical/Legal Address of Property (If available)	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Latitude/Longitude	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify GPS coordinates with Soil	_____	_____

EH FILE:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contractors' soil or perc on file	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspectors' soil or perc on file	_____	_____

ADEQ SITE INVESTIGATION REPORT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed/Dated (Must be signed by owner or Power of Atty)	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil Evaluation Results/Perc Test Results	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADEQ Form with all required attachments	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depth to Groundwater with proof attached	_____	_____

PROPOSED SYSTEM:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Included, completed & accurate	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed/Dated	_____	_____

GENERAL INFORMATION:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engineer's/Designer's Name, address, phone #, email	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contractor/Installer's Name, address, phone #, email	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Map or directions to the site	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A312G	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Statement of Understanding	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material List	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner's Affidavit	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner-Installer Form(How to Install)	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner-Installer Form (3stage sheet)	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner-Installer ROC	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner-Installer Meeting Date	_____	_____

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